

**Louisiana Department of Public Safety and Corrections**  
**Office of Juvenile Justice**  
**Workplace Violence/Domestic Violence Incident Report**

**When a workplace violence or domestic violence complaint is initiated, a written report of the alleged incident is required by policy.**

Name of Person Making Statement (print): \_\_\_\_\_

Title: \_\_\_\_\_

Budget Unit/Section/Work Location: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

Incident Duration: \_\_\_\_\_ a.m. to \_\_\_\_\_ a.m.

**Names of Parties Involved:**

**Witnesses:**

**DETAILED DESCRIPTION OF INCIDENT (If necessary, attach additional sheets)**

_____ Signature of Person Making Statement	_____ Date
_____ Signature of Supervisor	_____ Date
_____ Signature of Budget Unit Head	_____ Date
_____ Signature of EEO Officer (Domestic violence incident only)	_____ Date
_____ Signature of Human Resources Director (Workplace violence incident only)	_____ Date

**Disposition of the Case:**

**NOTE:** The contents of this statement will be kept confidential. Its contents will be released only to individuals with a legitimate need to know or if it becomes public record by virtue of an appeal to a court or other adjudicative body.